PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 AUG 21 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P08707**

1. Corporation Name

H.D. VEST INVESTMENT SECURITIES, INC.

Principal Place of Business	Mailing Address
433 E LAS COLINAS BLVD #300 P. O. BOX 8707 IRVING TX 75039	433 E LAS COLINAS BLVD #300 P. O. BOX 8707 IRVING TX 75039

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 9/1/98

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.: 6333 N STATE HWY 161 # 400	Suite, Apt. #, etc.: 6333 N. STATE HWY 161 # 400
City & State: IRVING TX	City & State: IRVING, TX 75038
Zip: 75038 Country: USA	Zip: 75038 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/14/1986

5. FEI Number: 75-1869963 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PS	SOFEJE, SHANNON A.	~~433 E LAS COLINAS BLV~~ 6333 N STATE HWY 161	IRVING TX 75038
D	VEST, HERB	~~433 E LAS COLINAS BLVD~~ 6333 N STATE HWY 161	IRVING TX 75038
T	SINCLAIR, WESLEY T.	~~433 E. LAS COLINAS BLVD.~~ 6333 N. STATE HWY 161	IRVING TX 75038
			400002627874--3 -08/28/98--01074--005 ****900.00 ****900.00 8-25-98

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/97)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: _____ Date: 8-7-98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ 8/17/98 Date 9728706175 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR